

SERIAL NUMBER <div style="text-align: center;">09/356,600</div>	FILING DATE <div style="text-align: center;">07/19/99</div>	CLASS <div style="text-align: center;">380</div>	GROUP ART UNIT <div style="text-align: center;">2766</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">SDT-040</div>
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APPLICANT

WILLIAM DUANE, WESTFORD, MA; PETER ROSTIN, TYRESO, SWEDEN.

CONTINUING DOMESTIC DATA***
 VERIFIED

371 (NAT'L STAGE) DATA***
 VERIFIED

FOREIGN APPLICATIONS***
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/09/99

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">MA</div>	SHEETS DRAWING <div style="text-align: center;">13</div>	TOTAL CLAIMS <div style="text-align: center;">51</div>	INDEPENDENT CLAIMS <div style="text-align: center;">6</div>
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Verified and Acknowledged Examiner's Initials Initials

ADDRESS

SEE CUSTOMER NUMBER: 021323

TITLE

SYSTEM AND METHODS FOR MAINTAINING AND DISTRIBUTING PERSONAL SECURITY DEVICES

FILING FEE RECEIVED <div style="text-align: center;">\$1,682</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="border-top: 1px solid black; margin-top: 20px;"></div> <div style="margin-top: 10px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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